Texas Department of Aging and Disability Services LTC-Regulatory (E-342) P.O. Box 149030 Austin, TX 78714-9030 512-438-2630 Fax: 512-438-2727

## Application for State License to Operate a *Type C* Assisted Living Facility

For DADS Use Only	
Application Approval Date	Region
Application No.	Reviewer's Initials
DLN No.	Remit Date
Effective Date of License	

Item 1. Facility Info	rmation											
Facility Name											Facility Ider	ntification No.
Physical Address-Stree	et						City				State	ZIP Code
County	Facility Are	ea Code and	d Telephone No	o. Facili	ty Area (	Code and Fax	No.	Facility E-ma	il Addre	SS		
Mailing Address – Stre	et or P.O. B	ox (if differe	ent from physic	al address	5)							
City						State		ZIP Code	Nation	nal Pro	vider Identifie	er No.
Item 2. Type of App	lication											
☐ Initial		Change o	f Ownership	– Effecti	ve Date	e:				Re	enewal	
Item 3. Number of E	Beds											
Fee Schedule				Lice	ensed Ca	apacity: <b>4</b>		Fe	ee Enclo	sed: \$	\$	
Initial			\$100					<b>,</b>				
Change of Owner	ship		\$100									
Renewal			\$100									
Item 4. Facility Adm	ninistrator	r/Manager	/Director									
Name of Administrator/										Social	Security No	-
Item 5. Applicant In	formation	that is, c	orporation, lir	mited or c	general	partnership,	limited	d liability or	sole [in	dividu	al] propriet	orship)
Legal Name of Applica								·			Tax Identific	
Physical Address – Str	eet				City	,		State/Prov	State/Province ZIP/P		ostal Code	Country
Mailing Address – Stre	et or P.O. B	ox (if differe	ent from physic	al address	) City	1		State/Prov	ince	ZIP/P	ostal Code	Country
Area Code and Teleph	one No.	Area Code	and Fax No.		E-m	nail Address						
Business Entity Type  Sole Proprietor Limited Liability Co Trust, Living Trust		C) 🔲 G	or-profit Corporeneral Partnersther, specify: _		•	☐ Nonprofi☐ Limited I	_		G G	Fed Cou		☐ State ☐ City
Applicant Contact I	Person Inf	formation										
Last Name				First Nam	ne			M	I		Jr., Sr., e	tc.
Area Code and Telepho	one No.	Area Code	and Fax No.		E-m	nail Address		_				
Title or Relationship to	Applicant	•			•							

		ng Person Information							
Legal Name of Applicant (	(corporation, LLC, partner	rship, sole proprietorship, e	etc.)						
Legal Name of Business I	Entity (if other than individ	lual)	Business Entity Type		Taxpayer	dentificatio	on No.		
Last Name (if an individua	al)		First Name		MI	Jr.	, Sr., etc.		
Date of Birth Dr	river License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	untry of R	esidence	% Ownership		
Physical Address – Sti	reet	<u> </u>	City	State/Provin	nce ZIP/F	ostal Code	Country		
Mailing Address – Stre	eet or P.O. Box (if differen	t from physical address)	City	Postal Code	Country				
Title or Position Held (	with the entity being discl	osed on this page)	Start Date of Association (with the entity being disclosed on this page)						
Legal Name of Business E	Entity (if other than individ	lual)	Business Entity Type		Taxpayer	dentificatio	on No.		
Last Name (if an individua	al)		First Name		МІ	Jr.	, Sr., etc.		
Date of Birth Dr	river License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of R	esidence	% Ownership		
Physical Address – Str	reet		City	State/Provin	ice ZIP/F	ostal Code	Country		
Mailing Address – Stre	eet or P.O. Box (if differen	t from physical address)	City	State/Provin	ice ZIP/F	Postal Code	Country		
Title or Position Held (	with the entity being discl	osed on this page)	Start Date of Association	n (with the er	ntity being	disclosed or	າ this page)		
Legal Name of Business E	Entity (if other than individ	lual)	Business Entity Type		Taxpayer	dentificatio	on No.		
Last Name (if an individua	al)		First Name		MI	Jr.	, Sr., etc.		
Date of Birth Dr	river License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of R	esidence	% Ownership		
Physical Address – Str	reet		City	State/Provin	ice ZIP/F	Postal Code	Country		
Mailing Address – Stre	eet or P.O. Box (if differen	t from physical address)	City	State/Provin	ince ZIP/Postal Code Country				
Title or Position Held (	with the entity being discl	osed on this page)	Start Date of Association (with the entity being disclosed on this page)						
Legal Name of Business B	Entity (if other than individ	lual)	Business Entity Type		Taxpayer	· Identificatio	on No.		
Last Name (if an individua	al)		First Name		MI	Jr.	, Sr., etc.		
Date of Birth Dr	river License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of R	esidence	% Ownership		
Physical Address – Str	reet	1	City	State/Provin	nce ZIP/F	Postal Code	Country		
Mailing Address – Stre	eet or P.O. Box (if differen	t from physical address)	City	State/Provin	nce ZIP/F	Postal Code	Country		
Title or Position Held (	with the entity being discl	osed on this page)	Start Date of Association	n (with the er	ntity being	disclosed or	า this page)		
If No, answer the I Does each of the Are the shares pul Are all remaining of Are all remaining s	rest been disclosed in this following questions: remaining individual share blicly traded?ownership shares unassig shares held in treasury of	s section?	?				☐ Yes ☐ No		

Facility Name

Item 5. Applicant Ownership and Controlli									
Legal Name of Business Entity Disclosed on This I	Page (corporation, LLC, pa	rtnership, sole proprie	etorship, etc.)						
Legal Name of Business Entity (if other than individ	dual)	Business Entity Ty	rpe	Taxpayer Identi	fication No.				
Last Name (if an individual)		First Name		MI	Jr., Sr., etc.				
Date of Birth Driver License No. (DLN)	DLN State of Issue	Social Security No	State/Co	ountry of Residen	ice % Owne	ership			
Physical Address – Street		City	State/Provir	nce ZIP/Postal (	Code Country	/			
Mailing Address – Street or P.O. Box (if differen	nt from physical address)	City State/Province ZIP/Postal Code Country							
Title or Position Held (with the entity being disc	losed on this page)	Start Date of Association (with the entity being disclosed on this p							
Legal Name of Business Entity (if other than individ	dual)	Business Entity Ty	/pe	Taxpayer Identi	fication No.				
Last Name (if an individual)		First Name		MI	Jr., Sr., etc.				
Date of Birth Driver License No. (DLN)	DLN State of Issue	Social Security No	State/Co	ountry of Residen	ice % Owne	ership			
Physical Address – Street	1	City	State/Provir	nce ZIP/Postal 0	Code Country	,			
Mailing Address – Street or P.O. Box (if different	nt from physical address)	City	State/Provin	nce ZIP/Postal 0	Code Country	,			
Title or Position Held (with the entity being disc	Start Date of Asso	ciation (with the er	ntity being disclos	ed on this pag	je)				
Legal Name of Business Entity (if other than individ	Business Entity Ty	/pe	Taxpayer Identii	ication No.					
Last Name (if an individual)		First Name		MI	Jr., Sr., etc.				
Date of Birth Driver License No. (DLN)	DLN State of Issue	Social Security No	State/Co	untry of Residen	ice % Owne	ership			
Physical Address – Street		City	State/Provir	nce ZIP/Postal (	Code Country	/			
Mailing Address – Street or P.O. Box (if different	nt from physical address)	City	State/Provin	nce ZIP/Postal (	Code Country	/			
Title or Position Held (with the entity being disc	losed on this page)	Start Date of Association (with the entity being disclosed on this page)							
Legal Name of Business Entity (if other than individ	dual)	Business Entity Ty	уре	Taxpayer Identi	fication No.				
Last Name (if an individual)		First Name		MI	Jr., Sr., etc.	,			
Date of Birth Driver License No. (DLN)	DLN State of Issue	Social Security No	State/Co	L puntry of Residen	ice % Owne	ership			
Physical Address – Street		City	State/Provir	nce ZIP/Postal (	Code Country	/			
Mailing Address – Street or P.O. Box (if differen	nt from physical address)	City	State/Provin	nce ZIP/Postal 0	Code Country	/			
Title or Position Held (with the entity being disc	losed on this page)	Start Date of Asso	ciation (with the er	ntity being disclos	ed on this pag	je)			
Follow-up questions for all business entity type Has 100% ownership interest been disclosed in thi If No, answer the following questions: Does each of the remaining individual shar Are the shares publicly traded? Are all remaining ownership shares unassi Are all remaining shares held in treasury of	eholders own less than 5% gned? the company?	?				No No No No			
Are all remaining ownership percentage in	estment funds?				🗌 Yes	☐ No			

Facility Name

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Applicant Name			Facility	Name				Facility Id	Facility Identification No.	
Item 6. Other	Controlling Entity/Pers	son Information	n					1		
Legal Name of E	Business Entity (if other than	n individual)			Business	Entity Type		Taxpayer Id	entification No.	
Last Name (if an individual)			First Name		MI		1	Jr., Sr., et	C.	
Date of Birth	Driver License No. (DLI	te of Issue	Social Security No.	State/Country			of Residence			
Physical Addres	s – Street		City	State/Province ZIP/I			stal Code	Country		
Mailing Address	(if different from physical a	ddress) - Street	or P.O. Box	City	State/Province ZIP			stal Code	Country	
Relationship to	Applicant				l.				1	
Other Control	lling Entity/Person Cor	ntact Person In	formation							
Last Name Fil						MI		Jr., Sr., et	C.	
Area Code and	Telephone No. Area	).	E-mail Address		•		•			
Title or Relations	ship to the Other Controlling	g Entity/Person								

Applicant Name

Copy this page to use as an attachment if more entries are required.

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Item 6. Other Controlling				nued)					
Legal Name of Controlling En	tity (corporation, LLC,	partnership, sole propriet	orship, etc.)						
Legal Name of Business Entit	y (if other than individ	ual)	Business Entity Type		Taxpayer Id	entificatio	n No.		
Last Name (if an individual)			First Name		MI	Jr.,	, Sr., etc.		
Date of Birth Driver	License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of Res	idence	% Ownership		
Physical Address – Street			City	State/Provin	ice ZIP/Pos	tal Code	Country		
Mailing Address – Street of	or P.O. Box (if differen	t from physical address)	City	stal Code	al Code Country				
Title or Position Held (with	the entity being discle	osed on this page)	Start Date of Association	closed on	this page)				
Legal Name of Business Entit	y (if other than individ	ual)	Business Entity Type		Taxpayer Id	entificatio	n No.		
Last Name (if an individual)			First Name		MI	Jr.,	, Sr., etc.		
Date of Birth Driver	License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of Res	idence	% Ownership		
Physical Address – Street			City	State/Provin	ice ZIP/Pos	tal Code	Country		
Mailing Address – Street of	or P.O. Box (if differen	t from physical address)	City	stal Code	Country				
Title or Position Held (with	Start Date of Association	on (with the en	ntity being dis	closed on	this page)				
Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Id	entificatio	n No.		
Last Name (if an individual)			First Name		MI	Jr.,	, Sr., etc.		
Date of Birth Driver	License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of Res	idence	% Ownership		
Physical Address – Street		<u> </u>	City	State/Provin	ice ZIP/Pos	tal Code	Country		
Mailing Address – Street of	or P.O. Box (if differen	t from physical address)	City	State/Provin	ince ZIP/Postal Code Country				
Title or Position Held (with	the entity being discle	osed on this page)	Start Date of Association (with the entity being disclosed on this page)						
Legal Name of Business Entit	y (if other than individ	ual)	Business Entity Type		Taxpayer Id	entificatio	n No.		
Last Name (if an individual)			First Name		MI	Jr.,	, Sr., etc.		
Date of Birth Driver	License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	ountry of Resi	idence	% Ownership		
Physical Address – Street			City	State/Provin	ice ZIP/Pos	stal Code	Country		
Mailing Address – Street of	or P.O. Box (if differen	t from physical address)	City	State/Provin	nce ZIP/Pos	stal Code	Country		
Title or Position Held (with	the entity being discle	osed on this page)	Start Date of Association	on (with the en	itity being dis	sclosed on	this page)		
Are the shares publicl Are all remaining own Are all remaining shar	been disclosed in this wing questions: aining individual share y traded?ership shares unassiges held in treasury of	s section?  Sholders own less than 5%  Ined?  the company?					☐ Yes ☐ No		
Has 100% ownership interest If No, answer the follo Does each of the rem Are the shares publicl Are all remaining own Are all remaining shal	been disclosed in this wing questions: aining individual share y traded?ership shares unassiges held in treasury of	s section?  Sholders own less than 5%  Ined?  the company?					☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐		

Facility Name

		rolling Entity Ownership			Level(s) (Co	ontin	ued)			
Le	egal Name of Contro	Illing Entity (corporation, LLC	, partnership, sole propriet	orship, etc.)						
Le	egal Name of Busine	ess Entity (if other than individ	lual)	Business Entity Type		Тахр	ayer Identifica	tion No.		
La	ast Name (if an indiv	idual)		First Name		MI		Jr., Sr., e	ic.	
	Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	untry	of Residence	% Ov	vnership	
	Physical Address -	- Street	<u>I</u>	City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Mailing Address –	Street or P.O. Box (if differen	t from physical address)	City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Title or Position He	eld (with the entity being discl	osed on this page)	Start Date of Association (with the entity being disclose					age)	
Le	egal Name of Busine	ess Entity (if other than individ	lual)	Business Entity Type		Тахр	ayer Identifica	tion No.		
La	ast Name (if an indiv	idual)		First Name		MI	,	Jr., Sr., e	tc.	
	Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	untry	of Residence	% Ov	vnership	
	Physical Address -	- Street		City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Mailing Address –	Street or P.O. Box (if differen	t from physical address)	City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
Title or Position Held (with the entity being disclosed on this page)				Start Date of Association	on (with the er	tity be	eing disclosed	on this p	age)	
Le	egal Name of Busine	ess Entity (if other than individ	Business Entity Type		Тахр	ayer Identifica	tion No.	-		
Lá	ast Name (if an indiv	idual)		First Name		MI	,	Jr., Sr., e	ic.	
	Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	untry	of Residence	% Ov	vnership	
	Physical Address -	- Street		City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Mailing Address –	Street or P.O. Box (if differen	t from physical address)	City	State/Provin	nce ZIP/Postal Code Country			try	
	Title or Position He	eld (with the entity being discl	osed on this page)	Start Date of Association (with the entity being disclosed on this page)						
Le	egal Name of Busine	ess Entity (if other than individ	lual)	Business Entity Type		Тахр	ayer Identifica	tion No.		
Lá	ast Name (if an indiv	idual)		First Name		MI		Jr., Sr., e	ic.	
	Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Co	untry	of Residence	% Ov	vnership	
	Physical Address -	- Street	<u> </u>	City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Mailing Address –	Street or P.O. Box (if differen	t from physical address)	City	State/Provir	ice Z	ZIP/Postal Cod	de Coun	try	
	Title or Position He	eld (with the entity being discl	osed on this page)	Start Date of Association	on (with the er	tity be	eing disclosed	on this p	age)	
	as 100% ownership If No, answer Does each of Are the shares Are all remain Are all remain	for all business entity type interest been disclosed in this the following questions: the remaining individual shares publicly traded?ing ownership shares unassiging shares held in treasury of ing ownership percentage inv	eholders own less than 5% gned?the company?	?					S No S No S No S No	

Facility Name

Apı	olica	ant Name	Facility Nan	ne	Facil	Facility Identifica							
lte	m 7	. Real Estate Information	·										
Α.	1.	Is the applicant the sole owner of the real p	roperty?				☐ Yes	☐ No					
		If Yes, complete A.2., A.3. and Section B. F for a real estate change, provide a copy of					1						
		If No, complete Sections B through O. For a real estate change, submit a copy of prop					r						
	2.	Is the real property encumbered by any lier mechanics liens, judgments, etc?					☐ Yes	☐ No					
		If Yes, describe the nature of the lien or jud	gment:										
	3.	Is the property owner currently in default or	n any obligation secured or p	potentially secured by the	real property?		☐ Yes	☐ No					
		If Yes, describe the nature of the default:					<u> </u>						
B.	1.	Legal Name of Business Entity or Individua	I that owns the real property	У									
		Mailing Address – Street or P.O. Box											
		City State/Province ZIP/Postal Code Country											
	2.	Real Property Owner Contact Person		le: . N	Ta at	1/1 0							
		Last Name First Name MI (Jr., Sr.,											
		Area Code and Telephone No.	rea Code and Fax No.	E-mail Address									
C.		Does the applicant lease the property from If Yes, provide a copy of the lease agreemed application for a real estate change or renewed. If No, identify in Section D the business entitle applicant's entitlement to occupy the results.	ent for an initial license appl wal application with a real e ity(ies) or individual(s) that	ication, change of owners estate change.	ship application, or upo	date		□ No					
D.		Legal Name of Business Entity or Individua	I that leases from the real p	roperty owner									
		Mailing Address – Street or P.O. Box											
		City		State/Province	ZIP/Postal Code	Country							
E.		Does the applicant sublease the property fill Yes, provide a copy of the primary lease ownership application, or update application	agreement and all sublease	agreements for an initial	license application, ch	nange of	☐ Yes	□No					
		If No, identify in Section F the business entindividuals identified in Section D, or identifi				(ies) or							
F.		Legal Name of Business Entity or Individua	I that subleases the propert	y from a business entity(i	es) or individual(s) ide	ntified in Se	ection D						
		Mailing Address – Street or P.O. Box											
		City		State/Province	ZIP/Postal Code	Country							
G.		Does the applicant sublease the property for	rom a business entity(ies) or	r individual(s) identified in	Section F?		☐ Yes	□No					
		If Yes, provide a copy of the primary lease ownership application, or update application	agreement and all sublease	agreements for an initial	license application, ch	nange of	_	-					
		If No, identify in Section H the business enfindividuals identified in Section F, or identif	ity(ies) or individual(s) that y in Section K the applicant	subleases the property from	om the business entity ne real property.	(ies) or							

Applic	cant Name	Facility Name	Facility Identification No.									
tem '	7. Real Estate Information (Continued)											
H.	Legal Name of Business Entity or Individual that sublease	s the property fr	om a business entity(i	ies) or individual(s) ide	entified in Section F							
	Mailing Address – Street or P.O. Box											
			To the state	710/0 -1-10-1-	Т							
	City		State/Province	ZIP/Postal Code	Country							
l.	Does the applicant sublease the property from a business	entity(ies) or in-	dividual(s) identified ir	Section H?	Yes No							
	If Yes, provide a copy of the primary lease agreement and ownership application or update application for a real esta											
	If No, identify in Section J the business entity(ies) or indivindividuals identified in Section H, or identify in Section K		(ies) or									
J.	Legal Name of Business Entity or Individual that sublease	s the property fr	om a business entity(i	ies) or individual(s) ide	entified in Section H							
	Mailing Address – Street or P.O. Box											
	City		State/Province	ZIP/Postal Code	Country							
K.	If the applicant does not lease or sublease the property from a business entity or individual, then specify the type of property document that entitles the applicant to occupy the real property:											
L.	Does the applicant hold assignment of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section D, F, H or J?											
	If Yes, provide a copy of the assignment agreement or other entitlement to occupy the real property for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.											
	If No, identify in Section M the business entity(ies) or individual(s) that holds assignment of the lease or other entitlement to occupy the real property from the business entity(ies) or individuals identified in Section D, F, H or J.											
M.	Legal Name of Business Entity or Individual that holds assignment of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section D, F, H or J											
	Mailing Address – Street or P.O. Box											
	City		State/Province	ZIP/Postal Code	Country							
N.	Does the applicant hold assignment of the lease or other eindividual(s) identified in Section M?											
	If Yes, provide a copy of the assignment agreement(s) or application, change of ownership application, or update agestate change.											
	If No, identify in Section O the business entity(ies) or indivoccupy the real property from the business entity(ies) or in			lease or other entitlem	ent to							
О.	Legal Name of Business Entity or Individual that holds assignment(s) of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section M											
	Mailing Address – Street or P.O. Box											
	City		State/Province	ZIP/Postal Code	Country							
					,							

Applicant Name	Facility Name	Facility Identification No.

## Item 8. Disclosure of Facility/Agency Association

List all facilities/agencies that are located **outside the state of Texas** or are not licensed by DADS.

List all facilities/agencies that are located outside the state of Te	exas or are not	licensed by DADS.			
Facility/Agency Name	Facility/Agency	Identification No.	National Provider Identifier No.		
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity	1	Start Date of Associati	tion End Date of Association		
Facility/Agency Name	Facility/Agency	Identification No.	National Provider Identifier No.		
Physical Address – Street	City		State/Province		ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State/Province		ZIP/Postal Code
Individual/Entity	1	Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity		Start Date of Associati	ion	End Date	of Association
Facility/Agency Name	Facility/Agency	Identification No.	Natio	nal Provide	er Identifier No.
Physical Address – Street	City		State	Province	ZIP/Postal Code
Individual/Entity	•	Start Date of Associati	ion	End Date	of Association

Appli	cant Name				Facility Name						Facility Identification No.		
Item	8. General Disclo	sure Questio	ns: l	lave any of the ir	ndividuals or ent	itie	s ident	tified in Item	5 or 6:	•			
A.			l crim	ne that carries a per	nalty of incarcerati	ion?						🗌 Yes	☐ No
	If Yes, explain belo Individual/Entity	W:								Identifi	ed in	Item(s)	
												`	6
	Date of Conviction	Conviction	า					Terms of Se	ntence		<u> </u>	<u> </u>	<u> </u>
B.			articip	pating in federal gov	ernment program	s?						🗌 Yes	☐ No
	If Yes, explain belo Individual/Entity	W:								Identifi	ed in	Item(s)	
											□5 □6		6
	Date of Exclusion of	or Debarment	Re	ason					Start	Date		End Date	<b>;</b>
C.	Been excluded or o	otherwise disqua	lified	from holding a licer	nse in the State of	f Te	xas or	any other state	?			🗌 Yes	□No
	If Yes, explain belo	W:								Identifi	ed in	Item(s)	
	marviddai/Entity									Identili		`	6
	Date of Exclusion of	or Disqualification	n	Reason					Start	Date	<u> </u>	End Date	
D.	Been subject to ord		rest	raining or enjoining	the individual or e	entity	y from (	operating a fa	cility or agency	?		🗌 Yes	☐ No
	If Yes, complete the Individual/Entity	e following:								Identifi	ed in	Item(s)	
												5 🗆	6
	Order Issued Agair	nst			Nature/Type of Court Order								
	Court Issuing Orde	r			Terms of Court Order								
	Date Order Issued				Current Status								
ltom	8. Five-Year Disc	locuro Ouocti	iono	• Have any of the	individuals or o	ntit	ioo ida	entified in Ita	n 6 7 or 9:				
E.	Been held liable for intentional miscond involved in any long court, based upon relation to any long If Yes, complete the	r civil damages b luct on their part g-term care facili alleged negligen -term care facilit	y a o , indi ity or	court, or settled sucl vidually or in associ agency that has be	h a suit out of cou ation with others; en held liable for nisconduct on the	rt, b or c civil	ased u owned, damag	pon alleged n operated, ma ges by a court vidually or in a	egligent condu naged or other or settled suc	wise beer h a suit ou n others ir ?	ut of		□No
	Individual/Entity									Identifie	d in I ∃		6
	Facility/Agency Na	me (if applicable	)				Facility	//Agency Iden	tification No.	Nationa		vider Ident	
	Name of Plaintiff/C			Na	ture of	Allegations							
	Outcome:	Verdict							Verdict Date		\	Verdict Am	ount
		Judgment							Judgment Da	te	,	Judgment	Amount
		Settlement							Settlement Da	ate	5	\$ Settlement \$	Amount
	Status:										13	\$	
	│ Paid │ N	Not paid (expla	in):										

licant Name			Name		Facility Identification No.			
m 8. Five-Year Disclosure Filed for bankruptcy (reorga obligations in the regular co or owned, operated, manag bankruptcy or receivership	nization or liquidation urse of business, or ed or otherwise beer	n) or been placed in been subject to an in in involved in any lon	receivershi nvoluntary f ig-term care	p based on tilling for reor	ailure or inability to mee ganization, bankruptcy o gency that has filed for re	t financial r receivership eorganization	,	
term care facility or agency;								
If Yes, complete the following	ng:					Identified in	11 /- \	
Individual/Entity							1 item(s) ] 5	
Facility/Agency Name (if ap	oplicable)			Facility/Age	ncy Identification No.	National Pr	ovider Identifier No.	
Name and Type of Busines	ss (if applicable)							
Type of Filing Chapter 7 Ch	napter 9 🔲 Ch	napter 11 🔲 (	Chapter 13	. □ Re	eceiver	Date Filed	l	
	Discharged	Dismissed	Confirme	ed				
Ever owed any overdue pay operated, managed or othe unemployment taxes, franci If Yes, complete the followi Individual/Entity	rwise been involved hise taxes or workers	in any long-term car	e facility or	agency that	has owed any overdue p	payroll taxes,		
						□5 □6		
Facility/Agency Name (if ag	oplicable)			Facility/Age	ncy Identification No.	National Provider Identifier No.		
Amount Owed Name of \$	, and the second							
workers' compensation; or of had fines or penalties assig compensation?	ned to any long-term	care facility or ager	ncy related t	o payroll tax	es, unemployment taxes	or workers'	. Yes No	
Individual/Entity						Identified in Item(s)		
Facility/Agency Name (if ap	Facility/Agency Name (if applicable)  Facility/Agency Identification No.					5 G 6  National Provider Identifier No.		
Basis for Fine or Penalty Date Penalty Im			Amount	Owed	Name of Individual/Enti	tity Owed		
Status:	d (explain):		,					
Owned, operated, manage licensing fees (for example background information fee	d or otherwise been , probationary/initial/ e, trust fund fee, Alzh	renewal license fee,	license cap	acity increas	se fee, change of admini	strator fee,	. 🗌 Yes 📗 No	
If Yes, complete the following Individual/Entity	ng:					Identified in	` '	
Facility/Agency Name (if applicable)  Facility/Agency Identification No.					5 G 6  National Provider Identifier No.			
Type of Fee Not Paid  Amount Or \$						ved Due Date		
Owned, operated, manage Nursing and Convalescent							. Yes No	
If Yes, complete the following Individual/Entity	ng:					Identified i	n Item(s)	
Facility/Agency Name (if ap	oplicable)			Facility/A	gency Identification No.	National P	5 6 6 rovider Identifier No.	
Date Trustee Placed in the	Pate Trustee Placed in the Facility Date Trustee Removed				Amount of Emergency Assistance Funds Not Reimbursed			

cant Name	Facility Name		Facility Identification No.		
Had (or currently have) an unsatisfied or claimant, as a result of a financial deresolve a financial default or dispute; of agency that has had a judgment obtain example, slip and fall, employment issued a financial default or dispute?	(unpaid) judgment against them, eithefault or dispute, or settled such a subrowned, operated, managed or othened against it by a creditor or claimarues, etc.), settled such a suit out of c	ner individually or in association wit uit out of court, or entered into a set erwise been involved in any long-te nt as a result of a financial default of court, or entered into a settlement a	th others, by a creditor ttlement agreement to erm care facility or or dispute (for agreement as a result		
If Yes, complete the following:			<u>,                                      </u>		
Individual/Entity			Identified in Item(s)		
Facility/Agency Name (if applicable)		Facility/Agency Identification			
Amount of Judgment or Settlement \$	Name of Creditor or Claimant		Date of Judgment or Settleme		
Nature of the Default or Dispute			Amount Unpaid		
Owned, operated, managed or otherw property or space used as a long-term If Yes, complete the following:	vise been involved in any long-term cn care facility or agency?	care facility or agency that has been	n evicted from any Yes No		
Individual/Entity			Identified in Item(s)		
Facility/Agangy Nama (if applicable)			□5 □6		
Facility/Agency Name (if applicable)					
Facility/Agency Identification No.	Nati	ional Provider Identifier No.	Date of Eviction		
care facility or drug or alcohol treatme  If Yes, complete the following:  Individual/Entity	Int center whose license(s) has been	aeniea, revokea or suspenaea?	Identified in Item(s)		
Facility/Agency Name (if applicable)		Facility/Agency Identification			
Type of Action:			Effective Date		
☐ Denial ☐ Revocation	Suspension				
Owned, operated, managed or otherw federal temporary manager placed in					
If Yes, complete the following: Individual/Entity			Identified in Item(s)		
maividua, Emity			□5 □6		
Facility/Agency Name (if applicable)		Facility/Agency Identification	n No. National Provider Identifier N		
Date Trustee/Manager Placed in the F	noved				
Owned, operated, managed or otherw of revocation, allowed a license to exp the action was pending?	pire while revocation action was pend	ding, or withdrew the appeal of a re	evocation action while		
If Yes, complete the following: Individual/Entity					
			Identified in Itom(a)		
maividual/Emity			Identified in Item(s)		
Facility/Agency Name (if applicable)		Facility/Agency Identification	□5 □6		
,		Facility/Agency Identification	□ 5 □ 6		

icant Name			Facility Name						Facility Identification No.	
8. Five-Year Disclosure Qu Owned, operated, managed or Texas that has been subject to	otherwise been in	volved in any lo	ong-term car	e facili	ty or	agency lo	ocated outside of the	ne state of	f	es 🗌 No
If Yes, complete the following: Facility/Agency Name				Fac	cility/	Agency Id	lentification No.	National Provider Identifier No.		
Type of Action and Outcome (c	and all appliable	hovee and fill	in acab anni	iaabla	hlan	l.\.				
1. Suspension of Admission	e boxes and fill in each applicable Visit Exit Date			Start Date			End Date			
Individual/Entity						Identified in Item(s)				
2.  Involuntary Closure	Date of Closu	ıre						<u> </u>		
Individual/Entity							Identified in Item(s)			
3. Denial of Payment for N	Visit Exit Date	e		Sta	art Date		5		<u> </u>	
Individual/Entity							Identified in Item(s)			
4. ☐ Directed Plan of Correct	ion	Visit Exit Date	9							
Individual/Entity								Identified in Item(s)		
5. Termination of Certification/Contract Visit Ex			Date of Certification/Con				fication/Contract T			
Individual/Entity								Identifie	ed in Item(s	6 6
6. Downgrade of the Status	s of a Facility Lic	cense			Eff	ective Da	te			
Individual/Entity			I				Identified in Item(s)			
7. Administrative Penalty	Amount \$	Visit Exit Date	Imposition	Date		itus:	☐ Not paid (exp	lain\:		
Individual/Entity	ĮΨ				ייו	laid	<u> </u>		ed in Item(s	6 6
8. Civil Penalty	Amount \$	Visit Exit Date			Status: Paid Not paid (explain			olain):	lain):	
Individual/Entity	14					1 4.4	rec para (exp		ed in Item(s	6 6
9.   Civil Money Penalty	Amount \$	Visit Exit Date			Status: Paid Not paid (explain			olain).		
Individual/Entity	*	1			<u> </u>	. 515			ed in Item(s	6 6
10.  Other Action		Date	e of Action	Outco	ome/	Explanati	on	•		
Individual/Entity		<u> </u>		1				Identifie	ed in Item(s	

Copy this page to use as an attachment if more entries are required.

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pplicant Name	Facility Name	Facility Identification No.
. Local Fire Authority Approval: Fire authority may s	sign below or provide separate written approval.	
To the best of my knowledge, the facility meets loc fire safety requirements.	eal	
	Signature – Fire Authority	Date
<ol> <li>Affidavit for Application, Including Compliance Hi Before me, the undersigned authority, personally a who being by me duly sworn, deposes as follows:</li> </ol>	•	, sant)
the semg sy me daily enem, depende as renewe.	(name of applied	,
My name is	. I am over the age of 18, legal	ly competent and in all respects
qualified and authorized to make this affidavit.		
The facts set forth in the foregoing application are true application will constitute grounds for denial, suspension		
	Signature – Applicant	Date
SWORN TO AND SUBSCRIBED before me on this t	theday of	
	Notary Public in the State of	

With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Regulatory Services Division at 512-438-2630.